

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 66

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Montg Twn</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0700</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) <u>Holett</u>		a. (First) <u>L. Sailor</u>		b. (Middle)		c. (Last)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 30-1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Famer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>69</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo</u>	
13a. FATHER'S NAME <u>Milton Sailor</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Larch</u>		14. NAME OF HUSBAND OR WIFE <u>Birella Sailor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Birdella Sailor</u> ADDRESS <u>Montgomery Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of caecum.</u> <u>Pulmonary embolism.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Ressection of the colon.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>153x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from <u>1/4/51</u> to <u>1/20/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/20/51</u> , 19 <u>51</u> and that death occurred at <u>12:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Jolley</u> (Degree or title)		23b. ADDRESS <u>117 E. Monroe, Mexico, Mo.</u>		23c. DATE SIGNED <u>1-24/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>I-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Point</u>		24d. LOCATION (City, town, or county) (State) <u>7 miles west Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 21-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Our Mapkins</u> ADDRESS <u>Montgomery Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 1951

Date Received: 1-30-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-332
Date Recd. FEB 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on the
21 st day of Jan 1951

working under my personal supervision.

Student

Student Embalmer

Student Embalmer No.

Signed

C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.